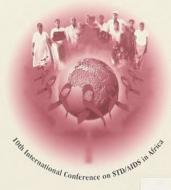


Africa and Canada: Together against AIDS for Development





# Canada

## AIDS and Development

Canada is recognized clobally as a leader in the STD/MDS arena. Through the support of the Canadian International Development Agency (CIDA), expertise is being shared with Africa by Canadian institutions. CIDA-supported initiatives include activities in Southern, East and West Africa. These projects feature syndromic management of sexually transmitted diseases (STDs) at health clinics: community-based education for vulnerable groups, such as commercial sex workers and truck drivers, using a peer education approach; support for community-based care; and the strengthening of nongovernmental organizations (NGOs) and community groups.

Now, after more than a decade of combating this epidemic, there is evidence of tangible results. These efforts provide excellent benchmarks, as well as a source of invaluable learnings for international reference. At the same time, CIDA and its partners provide a level of donor coordination.

# A Decade of CIDA Assistance in Africa

Over the last decade CIDA has spent approximately \$65 million supporting projects from its three main programme branches, i.e. bilateral, Canadian partnership and multilateral. CIDA's interventions have been undertaken through successful partnerships, and the projects and their achievements are outlined in this brochure.

# STD/HIV Control Project - Phase II

Partners: University of Manitoba and the University of Nairobi

Country: Kenya

Time Frame: 1996-97 to 2000-01 CIDA Contribution: \$4.7 million.

#### Project Description:

This is a second phase of a project begun in 1990, and is considered to be one of the most important actions taken against STD/HIV in Kenva. It is designed to widen and enhance efforts of the Universities of Manitoba and Nairobi, in collaboration with the municipalities of Nairobi and Nakuru, to fight the spread of HIV in these locations in Kenya. The purpose of this phase of the project includes a) establishing effective STD/HIV control and treatment services at primary health clinics b) institutionalizing training in STD/HIV management at medical training colleges c) encouraging sexual behavior change and risk awareness amongst high risk groups and d) providing economic alternatives for female commercial sex workers (CSWs).

#### Achievements to Date:

- 10 well-functioning clinics in Nairobi and Nakuru City Council health centres and at the provincial hospital in Nakuru
- · at the community level, using a peer education approach, there are strong. functioning community programmes with CSWs
- . the project's training material in STD/HIV management and control have been deemed the official training materials by the Ministry of Health
- · curriculum for STD/HIV management technologies have been updated at medical training colleges and are currently being implemented
- · data show that in areas where community education and awareness and clinical STD/HIV control and treatment have been introduced: 1.) frequency of sexual partners has gone down 2.) the use of condoms has increased 3.) repeat STD cases have been reduced 4.) HIV infection may have peaked.

## Lessons learned

- . It is possible to have successful community-based interventions with marginalized groups such as CSWs. Peer education not only provides
- · Instituting means to control and reduce STDs and HIV/AIDS affords some of the most vulnerable groups of Kenyan society, such as poor women and CSWs, control over their health and provides them with risk protection
- syndromic management of STDs is now the accepted approach in Kenya. particularly in out-patient facilities and referral centres.

## For further information on this project please contact:

Dr. Frank Plunimer in Nairobi at: Tel.: (254.2) 718895; Fax: (254.2) 712007. email: plummer@form-net.com or Dr. Elizabeth Ngugi or Dr. D. Jackson at Tel.: (254.2) 714852

Fax: (254 2) 712007 email: Dlackson@ken.healthnet.org. Regional AIDS Training Network Project (RATN)

Partners: University of Manitoba and the University of Nairobi

Countries/Areas: East and Southern Africa Time Frame: 1007-08 to 2001-02 CIDA Contribution: \$4.97 million

#### Project description:

This recently approved project intends to reduce the impact of STD/HIV on communities in the region through improving training and sensitization in the field of STD/HIV. This will be done by creating a dynamic and sustainable network of training institutions in East and Southern Africa to provide skills training, extension services and technical assistance to health care professionals and other workers.

Curricula will be developed and delivered, institutions in the region already providing training will be linked with other institutions, and courses will be developed in areas not already covered. Through these activities, a regional network of training institutions will be expanded and supported. The personnel and programmes identified in the region will be a source of tutors. advisors and teachine materials. It is expected that the training will result in an improved standard of service which will in turn have a nositive impact on efforts to combat STDs and AIDs.

#### For further information please contact:

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# Southern Africa AIDS Training Programme (SAT 2)

Partner: Canadian Public Health Association (CPHA)

Countries: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe.

Time Frame: 1996-97 to 2002-03 CIDA Contribution: \$24.3 million

## Project description:

This is the second phase of SAT 1, which assisted in improving the capacities of community organizations in Southern Africa to develop effective and efficient programmes for those most vulnerable to HIV/AIDS, SAT 1 provided training, education and peer counselling. An innovative approach, School without Walls, also allowed established organizations to provide structured and experiential learning to less mature organizations.

SAT 2 expands and consolidates this work, by promoting and assisting: community-based prevention; support, coping and care responses to the HTV/AIDS enidemic in locations served by SAT project partners; enabling changes in relevant gender, human rights and policy areas.

SAT 2 will increase client organizations from some 120 to 150, will include South Africa in its programming, and will extend the School without Walls programme. The emphasis is placed on building the human capacity of the process and most HEV/AIDS-vulnerable nopulations, and particularly on promoting women's equality and participation in HIV/AIDS prevention activities and community care.

#### Achievements to date (from SAT 1):

- · partnerships were established with over 120 community organisations and programmes in 10 countries in the region
- · the highly successful School Without Walls was created (AIDS learning, training and programme support)
- · SAT fostered measurable increases in the canacity of AIDS organisations and programmes, reflected in more and better-targeted services delivered to affected communities

#### Lessons learned:

- · strong community support exists among both men and women for AIDS prevention and care activities. NGOs and community groups need nonfinancial support, such as the provision of methodologies, training and
- · realization that "capacity" is not limited to individual organization, and can be the powerful effect generated when like-minded organizations act together in achieving similar goals
- · SAT I provided deep insight into social, as well as medical dimensions of
- · peer education of CSWs has resulted in: workers seeking economic alternatives; increased use of condoms
- · peer support among non-CSW women has also promoted group loan and savings schemes.

## For further information, please contact:

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# Canadian Programme to Combat AIDS in Francophone Africa

Partners: Laval University's "Centre de Coopération Internationale en Santé et Développement (CCISD)" and several partners sub-contracted by CCISD

Countries: Phase I: Benin, Burkina Faso, Burundi, Cameroon, Congo, Ivory Coast, Guinea, Mali, Niperia, Central African Republic, Rwanda, Senepal and Zaïre.

Phase II: Benin, Burkina Faso, Ivory Coast, Ghana, Guinea, Mali, Senegal, Time Frame: Phase I: 1990-91 to 1998-99; Phase II: 1995-96 to 2000-01

CIDA Contribution: Phase I: \$22 million: Phase II: \$25.5 million

#### Project description:

This project has two overlapping phases. The overall objective is to minimize the transmission of HIV/AIDS in the countries of Francophone Africa through the control of STDs. This is being done by strengthening primary health networks to manage STDs, and supporting education and communication activities of NGOs and community organizations working with target grouns and populations at risk.

### Achievements to date (Phases I and II):

- · populations educated on dangers of AIDS and means of prevention
- · greater number of health professionals trained and able to communicate their knowledge
- · stronger local health clinics
- · 939 health professional trained about STDs
- · 42 on-going micro-projects
- · 127 local partner organizations have received training
- nearly 10,000 STD cases have been treated as a result of the project.

#### Lessons learned:

- · activities should be concentrated in specific geographical areas and be based on specific themes
- · relationships should be maintained with local health authorities
- · activities should be adapted to each specific country in order to achieve hetter results

## For further information, please contact:

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# Human Resources Development and Intervention Strategies against STDs/AIDS in Madagascar

Partners: University of Montreal and University of Madagascar

Country: Madagascar Time Frame: 1997-2003 CIDA Contribution: \$748.670

#### Project description:

This recently approved project will support the University of Madagascar and the local government in their efforts to limit the spread of STDs and reduce their social and economic impact on the island's population. Activities will include 1) training, sensitization, prevention, and technical and scientific support and 2) linkages among local institutions that will result in more common activities such as research seminars and training programmes including after the Canadians' departure.

## For further information, please contact:

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## Role of Nutrition in Reducing AIDS - Vitamin A Intervention Trial "Zvitambo"

Partners: Montreal General Hospital Research Institute, McGill University, Johns Hopkins University, the University of Zimbabwe and the Harare City Health Department

Country: Zimbahwe Time Frame: 5 years

CIDA Contribution: \$5.0 million

Other Contributors: USAID (\$1.7 m USD): Rockefeller Foundation (\$150,000 USD)

### Project description:

This recently approved project is designed to test the potential for oral administration of sinele doses of vitamin A. on mothers and newborns (during the immediate post-partum period), to reduce mother-child HIV transmission during lactation. It will also test the effects of vitamin A on sexually transmitted HIV infection of post-partum women, and infant mortality. The study will be carried out in Harare, Zimbabwe, where mild vitamin A deficiency is apparent, and 30% of pregnant women are seconositive. Over an 18-month period, 14,000 mother-infant pairs will be recruited, and will then be followed for the duration of the study.

The study will further the knowledge on emerging data which demonstrates that vitamin A deficiency among HIV infected women is associated with higher concentrations of HIV in their breast milk and higher rates of HIV transmission to their infants. This suggests that vitamin A supplements for mothers in the immediate post partum period may reduce the risk of HIV transmission during lactation.

This project is called "Zvitambo", a word drawn from the local language, Shona, which means "precious" or "very valuable". Coincidentally, it also the acronym for the project, Zimbabwe Vitantin A for Mothers and Babies.

## For further information on these projects please contact:

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